



Fall/Winter 2020-21

Dear Applicant for Rent Assistance,

STEP understands that your financial crisis is of great concern to you. We will do our best to respond to your request in a timely manner. You can help the application process proceed with efficiency by completing the application and turning in all the requested documents at the same time. Documentation is required to determine eligibility and funding sources available to your situation. It is important that you answer each question with full explanations and sign the application where designated. Not all applicants will receive assistance. If you are denied, STEP will do our best to address your request with STEP resources or referrals to other organizations.

Currently STEP does not require you to apply for rent assistance at Hennepin County unless we determine that you do not qualify for STEP assistance, or STEP needs to collaborate with the County to resolve your situation. This will be determined on a case by case basis.

STEP requires that the applicants utilize all available household income towards a rent crisis. This will include any government stimulus check, unemployment compensation, social security, child support, and other government cash benefits. STEP will ask that you submit a plan for how to pay your rent going forward.

STEP does not assist people moving into St. Louis Park with a deposit or first month's rent. If you are a new resident of St. Louis Park, your deposit and first month's rent must be paid in full prior to applying for assistance. You must have a legal lease to qualify for funds.

Please monitor the status of the Governor's executive order on eviction proceedings. If your property owner threatens to file an eviction or asks you to move from your home without court action, please contact HOME Line at 612-728-5767. We ask that you work with your property owner to remove late fees.

Finally, if you are a recipient of a housing subsidy, please contact the St. Louis Park Housing Authority or other entity responsible for the subsidy to take steps for your rent to be reduced. The St. Louis Park Housing Authority is waiving late fees and will accept self-certification in place of a 3rd party verification for certification of income loss with the understanding this will be needed later. Please inquire if circumstances related to COVID-19 can be considered in your situation. Applicants for rent assistance with a housing subsidy are given least priority by STEP.

Thank you for your assistance in processing your request as quickly as possible. We look forward to working with you.

Julie Lapointe, LISW, STEP Social Services Director

STEP Emergency Financial Assistance Application

Please answer all questions on this application and submit all necessary documents. Incomplete applications may not be considered or may take more time to process.

Please submit the following items along with your application:

- The last month of income verification for ALL household members (this may be pay stubs, federal relief check, unemployment benefits letter, Social Security award letter, MFIP documentation, Child Support, etc.). Please include documentation from all income sources.
- A letter from your landlord stating that you are past due on your rent. This letter must be dated the same month that you are applying for assistance. It also needs to include your landlord's contact information (address, phone number, fax number, etc.). If you are applying for assistance because of COVID 19 you must be current on your rent as of March 31, 2020.
- Current lease.
- Documentation of your crisis. You must prove why you are behind on rent. Proof may include:
 - ✓ Medical receipts
 - ✓ Proof of lost income
 - ✓ Proof of added expenses
 - ✓ COVID 19 job loss (self-reported with date of job loss and/or unemployment application verification)
- Proof of how your income will increase so that you can pay your rent after STEP assists you.
 - ✓ Proof of new job (including wages/hours)
 - ✓ Proof of ability to go back to work (dr. note)
 - ✓ Proof of increase wage or new county benefits.
 - ✓ COVID 19- unemployment award letter
 - ✓ Verification of rent reduction by Housing Authority or other entity
- Any other documents requested by a STEP social worker:

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- We ask that you give us **copies** of these documents. **Do not give us any original documents that you need back.** We cannot guarantee that any items you submit will be returned to you.*

Thank you for your application. Applications are processed as quickly as possible, but it may take up to 10 days to hear from STEP about the status of your application. A STEP social worker will contact you as soon as possible to discuss your application and/or any questions that may arise. **Please turn over this page to sign the privacy statement which lets you know how your information will be used. Thank you.****

Data Privacy Rights Specific for Emergency Assistance Application

You have rights under the **Minnesota Government Data Practices Act**. This Act protects your privacy, but also lets us give information about you to others if a law requires it AND we tell you before we do it.

- We are asking you for this information so we can:
 - Tell you from other persons by the same or similar name
 - Decide if you can receive services from us and what or how much you can get
 - Report to the government or other funding sources so we can continue to provide these services (no identifying information about you is shared with these organizations without your consent).

- Generally, you are not required to give us the information. However, if you do not give us the information, we may not be able to determine whether we can help you.

- At times electronic communications are utilized to conduct services on your behalf. This may include communications by fax, email, and other internet applications. You will be notified in person/writing if there is a breach of release of data.

- You have the right to copies of information we have about you. If you do not understand the information, you may have it explained to you. If you do not think the information is accurate or complete, you may object in writing to the social services director. For more information on how to do this, ask the staff person working with you.

- You understand that there are exceptions to confidentiality which would include the following:
 - Information that mandates reporting to Child or Adult Protection
 - Information may be released to protect the health and safety of others or yourself
 - Your file is subpoenaed by a court of law

Signature _____

Date _____

Printed Name _____



EMERGENCY ASSISTANCE APPLICATION

This application is intended to screen applicants for Emergency Assistance for rent or mortgage through St. Louis Park Emergency Program and is not a guarantee of assistance. Please answer the questions completely and legibly.
Use **blue or black ink only**.

Today's Date: / /

Name: _____

Date of Birth: / /

Address: _____

Phone #: _____

List ALL other household members:

First Name	Last Name	Relationship	DOB

**List additional household members on a separate sheet of paper*

- Have you received Emergency Assistance from STEP in the last 12 months? Yes No
- Have you applied for Hennepin County's Emergency Assistance this month? Yes No
- How long have you lived in your current home? _____ years _____ months
- Who paid your rent:
 Last month? _____ The month before last month? _____ 3 months ago? _____

Monthly Income (for ALL household members):

Employment: \$ _____ MFIP: \$ _____ SSI/Soc. Sec.: \$ _____
 Child Support: \$ _____ Pension/Retirement: \$ _____ Other: \$ _____

Do you receive the following?:

Food Support: \$ _____ WIC/MAC: Yes No

(Continue on the back)

How much do you pay each month for the following items:

Rent/Mortgage: \$ _____ Electric: \$ _____ Gas: \$ _____ Phone: \$ _____
Groceries: \$ _____ Daycare: \$ _____ Car Payment/Car Insurance: \$ _____ \$ _____
Gas/Bus: \$ _____ Student Loans: \$ _____ Other (please specify): \$ _____

Rental Information:

Landlord/Management Company/Mortgage Company Information:

Name: _____
Phone #: _____ Fax #: _____
Email: _____

- What month(s) rent do you owe (ex. Jan., Feb., etc.)? _____
- How much rent do you owe? \$ _____ How much in late fees do you owe? \$ _____
- Do you receive a rent subsidy? Yes No If yes, how much is it? \$ _____
- Do you have any UD's in your rental history? Yes _____ No _____ If yes, how many?

Did you have a loss of income in the last 30 days (job/hours loss, medical, etc.)? Yes No
Please briefly explain:

Did you have a loss of income in the last 60 days (job/hours loss, medical, etc.)? Yes No
Please briefly explain:

What is your plan to pay your rent next month if you receive help from STEP this month?

**Please include documentation that supports your plan to pay your rent going forward.*

Release of



Information

You have rights under the Minnesota Government Data Practices Act. This Act protects your privacy, but also lets us give information about you to others listed on this form IF you agree.

I authorize **St. Louis Park Emergency Program (STEP)** to release and/or obtain the following information: My name, household demographics and gross income information.

I understand that the information may be given to government rent assistance funding sources including Hennepin County for CDBG funding and the City of St. Louis Park.

This information will be used to assist me with my rent and STEP to receive funding needed to pay rent for St. Louis Park residents.

I understand that I am not required to release this information. However, if I do not release this information, it will not be possible for the agencies helping me to provide or obtain assistance for me.

Read and Sign:

I certify that the information provide on this form is accurate and complete. I understand that providing false information is fraud, and it could result in termination of this request. I authorize STEP to contact my property owner/management company/mortgage company regarding this application. I authorize STEP to release information to grantors as a condition of funding they provided to this agency.

Signed by Participant (head of household or guardian):

Date: _____

STEP Demographic Form

Completion of this form is voluntary, and the information you supply will not affect the services you receive at STEP. This information is used for reporting purposes for funding only. No identifying information about you or your family will be shared with anyone outside of STEP.

Head of household name (first & last): _____

Is your household female-headed (there are no adult males in household)? Yes No

Please indicate the language(s) you speak: English Russian Spanish Somali Other _____

Is your family Hispanic? Yes No

<p>I identify with the following race(s)—check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> White<input type="checkbox"/> African American<input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> West African<input type="checkbox"/> Indigenous/Alaskan Native<input type="checkbox"/> Asian<input type="checkbox"/> Native Hawaiian/Other Pacific Islander<input type="checkbox"/> Other <p>The other adult(s) in my household identify with the following race(s)—check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> White<input type="checkbox"/> African American<input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> West African<input type="checkbox"/> Indigenous/Alaskan Native<input type="checkbox"/> Asian<input type="checkbox"/> Native Hawaiian/Other Pacific Islander<input type="checkbox"/> Other <p>The child/children in my household identify with the following race(s)—check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> White<input type="checkbox"/> African American<input type="checkbox"/> Black <input type="checkbox"/> East African <input type="checkbox"/> West African<input type="checkbox"/> Indigenous/Alaskan Native<input type="checkbox"/> Asian<input type="checkbox"/> Native Hawaiian/Other Pacific Islander<input type="checkbox"/> Other	<p>I identify with the following gender—check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Female<input type="checkbox"/> Male<input type="checkbox"/> Nonbinary<input type="checkbox"/> Transgender<input type="checkbox"/> Other <p>First generation American <input type="checkbox"/></p> <p>The other adult(s) in my household identify with the following gender(s)—check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Female<input type="checkbox"/> Male<input type="checkbox"/> Nonbinary<input type="checkbox"/> Transgender<input type="checkbox"/> Other <p>First generation American <input type="checkbox"/></p> <p>The child/children in my household identify with the following gender(s)—check all that apply:</p> <ul style="list-style-type: none"><input type="checkbox"/> Female<input type="checkbox"/> Male<input type="checkbox"/> Nonbinary<input type="checkbox"/> Transgender<input type="checkbox"/> Other <p>First generation American <input type="checkbox"/></p>
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Circle Household Size	Circle the amount of gross monthly income that best applies to your household.			
	At or below 100% FPL	101 % to 120 % FPL	121%-156% FPL	157%-200 FPL or higher
1	\$1063 or less	\$1064-\$1,276	\$1276-\$1,659	\$1660- \$2,126
2	\$1,437 or less	\$1438 -\$1,724	\$1725-\$2,241	\$2242- \$2,873
3	\$1,810 or less	\$1811-\$2,172	\$2173-\$2,824	\$2825- \$3,620
4	\$2,184 or less	\$2185-\$2,620	\$2621-\$3,406	\$3407-\$4,366
5	\$2,558 or less	\$2559-\$3,068	\$3069-\$3,988	\$3989- \$5,113
6	\$2,931 or less	\$2932-\$3,516	\$3517-\$4,571	\$4572-\$5,860
7	\$3,303 or less	\$3304-\$3,964	\$3965-\$5,153	\$5154-\$6,606
8	\$3,677 or less	\$3678-\$4,412	\$4413- \$5,736	\$5737-\$7,353



CDBG Participant Intake Form STEP/ICA Housing Assistance

Name of head of household (first & last): _____

Name of program participant (if different): _____

Home Address: _____

Is a female the head of the household? Yes No Is your household Hispanic? Yes No

Please check the box next to the race(s) appropriate for your household:

- White
- Black/African American
- American Indian/Alaskan Native
- Asian
- Native Hawaiian/Other Pacific Islander
- Other

What will be the gross income for all members of the household at the end of the year? *Income includes employment wages, self-employment, tips, unemployment compensation, Social Security/Disability payments, public assistance, MFIP, child support/alimony, interest/dividends from investments, rental property income, etc.*

In the table below circle your household size and circle the corresponding income range in the same row:

Household Size	Household Income			
	below \$21,700	\$21,701 - \$36,200	\$36,201 - \$54,950	over \$54,950
1	below \$21,700	\$21,701 - \$36,200	\$36,201 - \$54,950	over \$54,950
2	below \$24,800	\$24,801 - \$41,400	\$41,401 - \$62,800	over \$62,800
3	below \$27,900	\$27,901 - \$46,550	\$46,551 - \$70,650	over \$70,650
4	below \$31,000	\$31,001 - \$51,700	\$51,701 - \$78,500	over \$78,500
5	below \$33,500	\$33,501 - \$55,850	\$55,851 - \$84,800	over \$84,800
6	below \$36,000	\$36,001 - \$60,000	\$60,001 - \$91,100	over \$91,100
7	below \$38,450	\$38,451 - \$64,150	\$64,151 - \$97,350	over \$97,350
8	below \$40,950	\$40,951 - \$68,250	\$68,251 - \$103,650	over \$103,650

(Income limits effective 7-1-20)

I certify that the information provide on this form is accurate and complete. I authorize (enter grantee/agency name) to verify this information, if necessary, and to provide this form to Hennepin County as a condition of funding they provided to this agency.

Signed by Participant (head of household or guardian): _____ Date: _____

Warning: Section 1001 of Title 18 U.S. Code makes it a criminal offense to make false statements or misrepresentations to any Department of Agency of the U.S. as to matters within its jurisdiction.

(Note: Agency providing service can use this form or incorporate data elements into an agency form)

INFORMATION RECEIVED BY AGENCY:

Household information collected from: _____

Applicant ID: _____ Phone #: _____

Information Received: _____

Clarification/Reason(s) info needed to be gathered verbally of the above and/or other pertinent information:

PRINT NAME AND TITLE OF PERSON
RECEIVING THE INFORMATION

FIRM/ORGANIZATION

SIGNATURE

DATE

PHONE NO.

WARNING:

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government.